



## Montana Medicaid

# CLAIM JUMPER

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### Health Insurance Premium Payment Program

The Health Insurance Premium Payment (HIPP) program started about September 1994. This program allows Medicaid funds to be used to pay for private health insurance coverage when it is cost effective or there is a medical need. Our goal is to provide access to health care by assisting with insurance payments and cost avoidance for Medicaid dollars since private insurance is the primary payer.

This program assists Medicaid clients in obtaining different types of insurance plans, either through employers, COBRA, or individual health plans. In order to receive assistance, the person must be eligible and enrolled in Medicaid. Medicaid provides additional coverage after payment by the private insurance company. The state also administers a program known as COBRA 75 that can provide assistance to non-Medicaid people who meet the income and resources guidelines. In the past we have received some excellent referrals from health care

providers. There are times when the provider becomes aware of the loss of current coverage either through an employer or the individual policy before the client has notified his or her county office. Because COBRA has time-lines in which to enroll, please notify us if you are aware that the client's insurance will be ending or has ended within 45 days.

If you have questions about the HIPP program or have a patient that you feel may fall under the criteria listed above, feel free to contact our office at 1-800-694-3084 or have the patient contact his or her local Public Assistance Office.

*Submitted by Russ Hill, DPHHS*

### Big Sky Rx

Do you see patients on Medicare who need prescription drugs? Do you inquire about Medicare Part D or how they are going to pay for those prescriptions? If so, please read further.

Big Sky Rx is a State of Montana program that helps pay the premiums for your clients' specific Medicare Prescription Drug Plan. The program is funded by the 2005 Tobacco Tax Legislation for the sole purpose of making life a little easier for some Medicare clients. The program costs nothing to apply for and will pay up to \$33.11 per month for the Medicare approved Prescription Drug Plan Premium.

The qualifications are twofold. The client must be a Montana Medicare client and earn less than 200% of the Federal Poverty Guidelines (\$19,600 for a single person or \$26,400 for a household with two persons) per year. Assets are not included in our funding formula. Therefore, many individuals who may not qualify for other pro-

grams actually qualify for Big Sky Rx. Suggest they apply even if they think their income is too high. We subtract dollars (disregards) from each application.

Big Sky Rx applications are processed year round. If a client is qualified, Big Sky Rx will begin paying the premiums the month following enrollment and will continue paying for a year. A reapplication letter will be sent near the end of that year's time.

We are asking that you encourage Medicare eligible clients to apply for Big Sky Rx. For more information, or for display materials, email [bigskyrx@mt.gov](mailto:bigskyrx@mt.gov), visit our website at [www.bigskyrx.mt.gov](http://www.bigskyrx.mt.gov), or call 1-866-369-1233.

*Submitted by Margaret Souza, DPHHS*

### PASSPORT To Health Introduces a New Enrollment Broker

Beginning July 1, 2006, Policy Studies Incorporated (PSI) will partner with the Department of Public Health and Human Services to manage the PASSPORT To Health program. PSI has more than five years' experience managing enrollment broker operations with a Medicaid Primary Care Case Management (PCCM) program, most recently in Missouri and Maryland. PSI also serves child support programs, public and private health programs, justice agencies, court systems, workforce one-stop centers, and other health and human organizations. PSI will be responsible for the enrollment, education, and outreach of the program to both PASSPORT clients and providers. All correspondence regarding PASSPORT To Health (including contract and caseload changes) should be sent to:

PASSPORT To Health  
PO BOX 254  
Helena, MT 59624

If you have PASSPORT enrollment or caseload questions, please call 1-800-362-8312.

For all other Medicaid billing or claim questions, please continue to contact ACS Provider Relations at 1-800-624-3958.

*Submitted by Niki Scofield, DPHHS*

## Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

## Coverage for Hospital Outpatient Cardiac and Pulmonary Rehabilitation Services

Coverage for medically necessary outpatient cardiac and pulmonary rehabilitation services is effective January 1, 2006.

All cardiac and pulmonary rehabilitative services must be medically necessary and prior authorized by the department's designated review organization.

The following conditions are contraindications to cardiac or pulmonary rehabilitation. Patients with one or more contraindications are not eligible for cardiac or pulmonary rehabilitation:

- Severe psychiatric disturbance including, but not limited to, dementia and organic brain syndrome
- Significant or unstable medical conditions including, but not limited to, substance abuse, liver dysfunction, kidney dysfunction, and metastatic cancer.

The service limitations may be waived for extenuating circumstances on a case-by-case basis by the Department.

Covered services are limited to outpatient hospital departments only.

Services rendered in a clinic or physician office are not a covered benefit.

PASSPORT referral is required for courses of treatment started after June 15, 2006.

## Cardiac Rehabilitation

Services are limited to the following:

Up to three visits per week for eight weeks, limited to the following cardiac events and diagnoses eligible for cardiac rehabilitation benefits:

- Myocardial infarction
- Coronary angioplasty
- Heart-lung transplant
- Valvular surgery
- Congestive heart failure

Services are limited to Phase I cardiac rehabilitation provided in the hospital immediately following the cardiac event or diagnosis and after hospital discharge and Phase II services if they are initiated within four months of the event or diagnosis and require EKG monitoring with a medical doctor present in the same building.

Bill using revenue code 943. CPT/HCPCS codes include G0237, 93797-93798 and G0367-G0368. Code appropriately according to the service delivered.

## Pulmonary Rehabilitation

Services are limited to the following:

A maximum of 36 hours over a period not less than two weeks and not more than six weeks, limited to one of the following diagnoses:

- Persistent asthma
- Emphysema
- Chronic bronchitis
- Bronchiectasis
- Interstitial lung disease
- Chronic airway obstruction

If applicable, the patient must have ceased smoking or be in a smoking cessation class.

The patient must have a referral to individual case management (ICM) before

receiving pulmonary rehabilitation services.

The following pulmonary rehabilitation services are not covered:

- Education, treatment, and therapies that are not individualized to a specific patient need or are not an integral part of the treatment session
- Routine psychological screening and treatment where intervention is not indicated
- Films/videos
- Duplicate services
- Maintenance care when there is no expectation of further improvement
- Treatment that is not medically necessary because the patient requires a general strengthening and endurance program only.
- Treatment that is not medically necessary because the patient is at an early stage of pulmonary disease as demonstrated by a lack of significant findings in diagnostic testing.

Bill using revenue code 419. CPT/HCPCS codes include G0237, 94010, 94014-94016, 94060, 94070, 94150, 94200, 94240, 94250, 94260, 94350, 94360, 94370, 94375, 94400, 94450-94453, 94620-94621, 94640-94642, 94656-94657, 94660-94668, 94680-94681, 94690, 94720, 94725, 94750, 94760-94762, 94770 and 94799. Code appropriately according to the service delivered.

Request forms for prior authorization of services by contacting:

Mountain Pacific Quality Health  
Foundation  
3404 Cooney Drive  
Helena, MT 59602  
Phone: Local - 443-4020, ext. 5850  
Toll free - 1-800-262-1545  
Fax: Local - 443-4584  
Toll free - 1-800-497-8235

Prior to October 1, 2006, you may obtain forms from Mountain Pacific Quality Health Foundation to request retro-authorization for courses of treatment started from January 1, 2006, through June 15, 2006.

Courses of treatment started after June 15, 2006, must have prior authorization and PASSPORT referral.

*Submitted by Deb Stipcich, DPHHS*

## Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from [www.mtmedicaid.org](http://www.mtmedicaid.org), the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices</b>		
05/03/06, revised 05/05/06	Pharmacy	Refill Too Soon Edit Set to 90% for Controlled Substances (CII-CV)
05/09/06	Outpatient Hospital	Changes in Observation Billing
05/17/06	DME	Durable Medical Equipment Coverage for Clients With Basic Medicaid Only
05/17/06	DME	Coverage of Seat Lift Mechanisms
06/02/06	Outpatient Hospital	Notice of Coverage for New Services
<b>Fee Schedules</b>		
05/08/06	Inpatient Hospital	DRG relative values, average length of stay and outlier thresholds
05/08/06	Outpatient Hospital	APC schedule and APC fee schedule
05/31/06	DME, Audiology, Hearing Aid	Revised fee schedules
<b>Manuals and Replacement Pages</b>		
05/23/06	RHC/FQHC	New provider manual
<b>Other Resources</b>		
05/01/06, 05/08/06, 05/15/06, 05/22/06, 06/01/06	All Provider Types	What's New on the Site This Week
05/01/06	All Provider Types	"Enroll as a Provider" updated to link to online web enrollment
05/01/06	Pharmacy	Manufacturer-submitted information for May 3 PDL review
05/02/06	Client Page	"Who to Call If You Have Questions" updated
05/02/06	Pharmacy	Revised May 2006 DUR Board / Formulary Committee meeting agenda
05/05/06, 06/01/06	All Provider Types	Updated carrier codes sorted by ID number and name
05/10/06	All Provider Types	Home page updated to highlight Web Portal provider enrollment
05/10/06	All Provider Types	"Montana Medicaid Provider Website Now Offers Online Provider Enrollment" added to Medicaid News page
05/11/06	All Provider Types	Link added to mental health authorization forms on forms page
05/11/06	All Provider Types	Client eligibility contacts updated on all provider pages and Medicaid Information
05/12/06	All Provider Types	June Claim Jumper
05/15/06	Home Health	Updated remittance advice notice
05/17/06	Pharmacy	Updated PDL and PDL Quicklist
05/17/06	PASSPORT	New PASSPORT To Health provider agreement
05/18/06	Pharmacy	Updated PDL
05/25/06	Pharmacy	June 2006 DUR Meeting agenda
05/26/06	Pharmacy	Drug Class Reviews for June 2006 meeting

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Helena, MT 59604

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## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

### Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

### Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

### Prior Authorization

DMEPOS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations  
P.O. Box 4936  
Helena, MT 59604

Claims Processing  
P.O. Box 8000  
Helena, MT 59604

Third Party Liability  
P.O. Box 5838  
Helena, MT 59604